

EXHIBIT 3

ARTICLES OF CANCELLATION

The undersigned, with the intention of terminating a Maryland Limited Liability Company, files the following Articles of Cancellation:

(1) The name and principal office address of the Limited Liability Company are:

(Name of LLC) Light City, LLC

(The address of the Limited Liability Company in Maryland) 900 Cathedral St
#217 Baltimore, MD 21201

(2) The name and address of a Maryland resident who shall serve for one year after termination are:

(Name of Resident Agent) Justin Allen

(The address of the Resident Agent in Maryland) 900 Cathedral St #217
Baltimore, MD 21201

(3) The name and address of each member who was designated to wind up the affairs of the company are:

<u>Justin Allen</u>	<u>900 Cathedral St #217</u>	<u>Baltimore, MD 21201</u>
<u>Brooke Hall</u>	<u>900 Cathedral St #217</u>	<u>Baltimore, MD 21201</u>

OR, if no member was so designated, the names and addresses of all members are:

The Limited Liability Company is terminated.

(4) The company has no known creditors (X) OR Notice of Termination was sent by registered mail, postage prepaid, return receipt requested to all known creditors of the company on the date of:

(5) [Signature]

(6) [Signature]
Resident Agent

Authorized Person(s)

RETURN TO:

(7) Justin Allen
900 Cathedral St #217
Baltimore, MD 21201

CUST ID: 0003225500
WORK ORDER: 0004442080
DATE: 03-24-2015 09:09 AM
AMT. PAID: \$100.00

CORPORATE CHARTER APPROVAL SHEET**** KEEP WITH DOCUMENT ****DOCUMENT CODE 44 BUSINESS CODE _____# W15644958

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transfer) _____

Surviving (Transferee) _____

ID # W15644958 ACK # 1000362007996954
 PAGES: 0002
 LIGHT CITY LLC

03/20/2015 AT 11:05 A WO # 0004442080

New Name _____

FEES REMITTED

Base Fee: 100
 Org. & Cap. Fee: _____
 Expedite Fee: _____
 Penalty: _____
 State Recordation Tax: _____
 State Transfer Tax: _____
 Certified Copies _____
 Copy Fee: _____
 Certificates _____
 Certificate of Status Fee: _____
 Personal Property Filings: _____
 Mail Processing Fee: _____
 Other: _____

TOTAL FEES: 100

_____ Change of Name
 _____ Change of Principal Office
 _____ Change of Resident Agent
 _____ Change of Resident Agent Address
 _____ Resignation of Resident Agent
 _____ Designation of Resident Agent
 and Resident Agent's Address
 _____ Change of Business Code
 _____ Adoption of Assumed Name
 _____ Other Change(s)

Credit Card _____ Check _____ Cash _____

Code _____

Attention: _____

_____ Documents on _____ Checks

Mail: Name and Address

Approved By: 16Keyed By: [Signature]COMMENT(S): [Signature]

JUSTIN ALLEN
 #217
 900 CATHEDRAL ST
 BALTIMORE MD 21201-5311

Stamp Work Order and Customer Number HERE

CUST ID: 0003225500
 WORK ORDER: 0004442080
 DATE: 03-24-2015 09:09 AM
 AMT. PAID: \$100.00